

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

099256/8

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2		1				1
3		2				1
4		4	①			1
5		1				1
6		1				1
7		1				1
8		10	①			1
9		10	①			1
10		20	①			1
11		40	①			1
12		10	①			1
13		1	①			1
14		1	①			1
15		1	①			1
16		1	①			1
17		1	①			1
18		1	①			1
19		1	①			1
20		17	①			1
21		34	①			1
22		10	①			1
23		1	①			1
24		1	①			1
25		1	①			1
26		1	①			1
27		1	①			1
28		1	①			1
29		16	①			1
30		10	①			1
31		1	①			1
32		1	①			1
33		1	①			1
34		1	①			1
35		1	①			1
36		1	①			1
37		10	①			1
38		1	①			1
39		1	①			1
40		1	①			1
41		1	①			1
42		1	①			1
43		1	①			1
44		16	①			1
45		10	①			1
46		10	①			1
47		10	①			1
48		10	①			1
49		10	①			1
50		10	①			1
TOTAL IND.	1		1		1	
TOTAL DEP.	298		50		50	
TOTAL CLAIMS	299		50		50	

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS